Column review and summary (2019)

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# Demographics and ED metrics

## VMONTH – visit month

## VDAYR – day of week

1. ARRTIME – arrival time
2. WAITTIME – time to first provider from ed arrival time (min)
3. LOV – length of visit

## AGE – age in years

* 1. 0 = under 1 year
  2. 1-94
  3. 95 = 95 years or older

1. AGER - Age recode – derived from age, can be dropped
2. AGEDAYS – age in days for pts under 1 year of age
3. RESIDNCE – patient residence.
   1. Blank
   2. Unknown
   3. Private residence
   4. Nursing home
   5. Homeless/homeless shelter
   6. Other ??? not sure what other means, \*\*\*

## SEX – Female/Male

1. ETHUN – ethnicity unimputed (??? Kind of a limited set of ethnicities \*\*\*)
   1. Hispanic or Latino
   2. Non Hispanic or Latino
   3. Blank (missing in 17 records)
2. ETHIM – ethnicity but imputed values filled (so no blank column)
3. RACEUN – race unimputed
   1. Blank (missing in 20.5 records)
   2. White
   3. Black/African American
   4. Asian
   5. Native Hawaiian/Other Pacific Islander
   6. American Indian/Alaska Native
   7. More than one race reported
4. RACER – imputed Race
   1. Black
   2. White
   3. Other

## RACERETH – imputed missing data

* 1. Non-Hispanic white
  2. Non-Hispanic black
  3. Hispanic
  4. Non-Hispanic Other

1. ARREMS – arrival by ambulance
   1. Blank
   2. Unknown
   3. Yes
   4. No
2. AMBTRANSFER – if YES to arrival by ambulance, was the patient transferred from another hospital or urgent care facility?
   1. Blank
   2. Unknown
   3. NA
   4. Yes
   5. No

# Payment and insurance

1. NOPAY –
   1. At least one payment source identified
   2. No payment source identified
2. PAYPRIV – expected payment was a private insurance (yes/no)
3. PAYMCARE – expected payment was medicare (yes/no)
4. PAYMCAID - expected payment was Medicaid or CHIP or other state based program (yes/no)
5. PAYWKCMP - expected payment was workers compensation (yes/no)
6. PAYSELF – expect self pay (yes/no)
7. PAYNOCHG – payment source = no charge/charity (yes/no)
8. PAYOTH – expected pay was “other” (yes/no)
9. PAYDK – expected pay was unknown (yes/no)

## PAYTYPER – recoded expected source of payment (Using this hierarchy of payment

categories: Medicare, Medicaid or CHIP, Private Insurance, Worker’s

Compensation, Self-Pay, No Charge/Charity, Other, Unknown)

NOTE change in hierarchy starting in 2008 relative to previous years.

In 2005-2007, dual-eligible Medicare and Medicaid recipients had

been grouped under Medicaid; this was changed to Medicare starting

in 2008. See page 2 of the 2009 NHAMCS Public Use Data File

documentation for more information. Researchers can also

create their own hierarchy as desired.

* 1. -9 = Blank
  2. -8 = Unknown
  3. 1 = Private insurance
  4. 2 = Medicare
  5. 3 = Medicaid or CHIP or other state-based program
  6. 4 = Worker’s compensation
  7. 5 = Self-pay
  8. 6 = No charge/Charity
  9. 7 = Other

# Initial vital signs

1. TEMPF – initial temp, there is an implied decimal between 3rd and 4th digit
   1. Ex: 9680 = 96.8F
2. PULSE – heart rate
3. RESPR – respiratory rate
4. BPSYS – systolic BP
5. BPDIAS – diastolic BP
6. POPCT – pulse oximetry (percent)

## **IMMEDR – ESI level**. Triage color/level (PRF system), if a hospital used a 3 or 4 level system, then the responses were scaled to a 5 level system. It’s (basically) all messed up prior to 2009.

* 1. Blank
  2. Unknown
  3. Hospital doesn’t do triage
  4. No triage completed
  5. Immediate (1)
  6. Emergent (2)
  7. Urgent (3)
  8. Semi Urgent (4)
  9. Non urgent (5)

## PAINSCALE – mild, mod severe prior to 2009, then a numeric 0-10

# Visit info

## SEEN72 – is this a bounceback within the past 72 hours? (yes, no, unknown, blank)

## RVF1-5 – reason for visit. 10050-89990 = 1005.0-8999.0

1. EPISODE - Episode of care
   1. Blank/unknown
   2. Initial visit
   3. Followup visit
2. INJURY – recoded from INJPOISAD (44), due to trauma/poison/OD/adverse effect of med surg treatment. Derivation is complicated and has changed over the years (2016).
   1. Yes
   2. No
   3. Maybe
3. INJPOISAD – see above
   1. Blank/unknown
   2. Trauma/injury
   3. OD/poison
   4. AE of med/surg tx
   5. No
   6. Maybe
4. INJURY72 – did the “injury” as defined above, occur within 72 hours?
   1. Yes, no, NA, blank/unknown
5. Was the trauma/OD/poison intentional or unintentional. Wording was changed in 2014.
   1. Blank, unknown/unclear
   2. Intentional
   3. Unintentional
   4. Questionable injury status
6. INJURY\_ENC – info about type of encounter, initial, subsequent, sequelae, or combination. Info from 7th digit of ICD10 code.
7. CAUSE1 – cause of injury/trauma/od/poison/AED of med surg tx (V000-Y000 = V00.0 – Y99.9)
8. CAUSE2
9. CAUSE3

## DIAG1 – providers diagnosis

1. DIAG2
2. DIAG3
3. DIAG4
4. DIAG5

## PRDIAG1 – is dx probable, questionable, or rule out? Yes/no/NA

1. PRDIAG2
2. PRDIAG3
3. PRDIAG4
4. PRDIAG5

THE FOLLOWING ARE YES or NO QUESTIONS

# Medical history

1. ETOHAB – etoh abuse/misuse/dependence
2. ALZHD – alzheimer’s
3. ASTHMA
4. CANCER
5. CEBVD – cerebrovascular disease/history of stroke or TIA
6. CKD
7. COPD
8. CHF
9. CAD
10. DEPRN – depression
11. DIABTYP1 – T1DM
12. DIABTYP2
13. DIABTYP0 – DM type unspecified
14. ESRD
15. HPE – history of PE, DVT, or VTE
16. EDHIV – HIV/AIDS
17. HYPLIPID – hyperlipidemia
18. HTN
19. OBESITY
20. OSA
21. OSTPRSIS – osteoporosis
22. SUBSTAB – substance abuse or dependence
23. NOCHRON = none of the above = yes/no/entire item blank including none box
24. TOTCHRON – number of chronic conditions
25. DIAGSCRN – diagnostic services were ordered – yes/no/no selection

THE FOLLOWING ARE YES or NO QUESTIONS

# Labs

1. ABG
2. BAC – blood alcohol
3. BMP
4. BNP
5. BUNCREAT – creatinine/renal function panel
6. CARDENZ – cardiac enzymes
7. CBC
8. CMP
9. BLOODCX
10. TRTCX – throat culture
11. URINECX
12. WOUNDCX
13. OTHCX – culture, other
14. DDIMER
15. ELECTROL
16. GLUCOSE
17. LACTATE
18. LFT
19. PTINR
20. OTHERBLD – other blood test
21. CARDMON – cardiac monitor
22. EKG
23. HIVTEST
24. FLUTEST
25. PREGTEST
26. TOXSCREN
27. URINE – ua or dipstick
28. OTHRTST – other test/service
29. ANYIMAGE
30. XRAY
31. CATSCAN
32. CTCONTRAST – yes no blank unknown
33. CTAB – CT abdomen and pelvis
34. CTCHEST
35. CTHEAD
36. CTOTHER
37. CTUNK – ct scan site not specified
38. MRI
39. MRICONTRAST – yes/noblank/unknown
40. ULTRASND – ultrasound
41. OTHIMAGE – other imaging
42. TOTDIAG – total number of diagnostic services ordered/provided
43. PROC – was a procedure provided – yes/no/blank

THE FOLLOWING ARE YES/NO REGARDING PROCEDURES

# Procedures and interventions

1. BPAP
2. BLADCATH
3. CASTSPLINT
4. CENTLINE
5. CPR
6. ENDOINT – endotracheal intubation
7. INCDRAIN – incision and drainage
8. IVFLUIDS
9. LUMBAR – lumbar puncture
10. NEBUTHER – nebulizer therapy
11. PELVIC – pelvic exam
12. SKINADH – skin adhesives
13. SUTURE – suturing/staples
14. OTHERPROC – other procedure
15. TOTPROC – total number of procedures or NONE

# Medications

144 = were medications given during this encounter?

## 145-174 = MED1-MED30 med code, unknown, illegible

## 175-204 = GPMED1-GPMED30 – given in ED, rx at discharge, both, NA/Blank

1. NUMGIV – number of meds given in ED (none listed, listed but rx, drug listed but unknown if given in ED or RX’d)
2. NUMDIS – number of meds prescribed at discharge
3. NUMMED – number of mediations coded

# Repeat vital signs

1. VITALSD – does chart have vitals taken after triage
2. TEMPDF – temp
3. PULSED – repeat pulse
4. RESPRD – repeat respr
5. BPSYSD – systolic bp
6. BPDIASD – diastolic bp

# Provider info (type)

1. NOPROVID - ? no provider
2. ATTPHYS – ed attending
3. RESINT – ed res/intern
4. CONSULT – consulting physician
5. RNLPN
6. NURSEPR – nurse practitioner
7. PHYSASST – PA
8. EMT
9. MHPROV – mental health provider
10. OTHPROV – other provider

# Disposition

1. NODISP – no answer to item
2. NOFU – no followup planned
3. RETRNED – returned to ED
4. RETREFFU – return/refer to physician/clinic followup

## LWBS – left without being seen

## LBTC – left before treatment completed

## LEFTAMA – AMA discharge

1. DOA – dead on arrival
2. DIEDED – died in ED
3. TRANNH – return/transfer to nursing home
4. TRANPSYC – transfer to psych hospital
5. TRANOTH – transfer to non psych hospital
6. ADMITHOS – admit to this hospital
7. OBSHOS – admit to observation unit then hospitalized
8. ABSDIS – admit to observation unit then discharged
9. OTHDISP – other visit disposition

## ADMIT

* 1. Blank
  2. Unknown
  3. NA
  4. ICU
  5. OR
  6. IMC/stepdown
  7. Mental health/detox
  8. Cardiac cath lab
  9. Other bed/unit

# Hospitalization info

1. ADMTPHYS – hospitalist, not hospitalist, unknown

## LOS – length of stay

## HDDIAG1 – hospital discharge diagnosis 1 (ICD-10-CM)

* 1. ZZZ0 – non codable
  2. ZZZ1 – LWBS, eloped, AMA
  3. ZZZ2 – transferred to see specialist
  4. ZZZ4 – none, no dx, no dz, healthy
  5. ZZZ5 - NA/blank

1. HDDIAG2
2. HDDIAG3
3. HDDIAG4
4. HDDIAG5

## HDSTAT – discharge dead/alive/blank/unknown/na

1. ADISP – disposition of live discharge
   1. Home/residence
   2. Return/transfer to nursing home
   3. Transfer to another facility
   4. Other
2. OBSSTAY – LOS in obs unit (minutes) if discharged from obs
3. STAY24 – ED discharge greater than 24h, yes/no/missing data

# Imputation tracking

1. AGEFL – age
2. BDATEFL – birth date
3. SEXFL – sex imputed?
4. ETHNICFL – ethnicity
5. RACERFL – race

# Hospital information

## HOSPCODE – unique code for big enough hospitals

## PATCODE – identify each individual record from a particular hospital

1. EMRED – does the ED use an electronic medical record? Yes, partial, no
2. HHSMUE – does system meet meaningful use criteria defined by DHHS?
3. EHRINSE – plans for installing a new EMR in next 18 months
4. EDPRIM – how often do you notify the PCP? Likert

## EDINFO – can you get meds/allergies/healthcare info from outside sources?

1. OBSCLIN – does your ed have an obs or CDU
2. OBSSEP - IF yes to above, is obs/CDU separate from ED
3. OBSPHYSED - IF separate who is physician caring for patient? -> ED physician
4. OBSHOSP – hospitalist
5. OBSPHYSOT – other physician
6. OBSPHYSUN – unknown, marked/unmarked
7. BOARD – are admitted patients boarded for >2 hours in ED or OBS/CDU?

## 906) BOARDED – length of time boarded in the ED in minutes ( located at end of columns for some reason, placing here for reference )

1. BOARDHOS – is there a full capacity protocol where patients go to inpatient corridors while boarding?
2. AMBDIV – Did your ED go on ambulance diversion in 2018

## TOTHRDIVR – total number of hours ED was on diversion

* 1. Na/refused to answer/unknown/blank
  2. 1-99
  3. 100-499
  4. >500
  5. Data not available

1. REGDIV – is ambulance diversion actively managed on a regional level or hospital level?
2. ADMDIV – does the hospital continue to admit elective/scheduled cases when ED is on ambo diversion?
3. INCSHX – in past 2 years did your ed increase rooms/tx spaces
4. INCPHYS – in the last 2 years did your ed’s physical space expand?
5. EXPSPACE – do you plan to increase space in the next 2 years?
6. BEDREG – bedside registration yes/no
7. KIOSELCK – kiosk self check in
8. CATRIAGE – computer assisted triage
9. IMBED – immediate bedding, no triage when ED not at capacity
10. ADVTRIAG – advanced triage based care protocols

## PHHYSPRACTRIA – physician or practitioner at triage

1. FASTTRAK – separate fast track unit for non urgent care
2. EDPTOR – separate operating room dedicated to ED patients
3. DASHBORD – electronic dashboard displays updated pt info
4. RFID – tracking shows location of patients, caregivers, equipment
5. WIRELESS – wireless communication devices by providers
6. ZONENURS – zone nursing – all pts for RN are in one area
7. POOLNURS – pool nurses that can be pulled to ED for surges/demand
8. SURGDAY – how many days/wk are inpt elective surgeries scheduled
9. BEDCZAR – do you have a bed coordinator?
10. BEDDATA – how often are hospital bed/census data available?
    1. Instant
    2. Q4h
    3. Q8h
    4. Q12h
    5. Q24h
    6. Other
11. HLIST- Does the hospital have hospitalists on staff?
12. HLISTED – does the hospitalist on staff admit from the ED?

## EMEDRES - Does your hospital have emergency medicine residency program?

## REGION - Geographic region

* 1. Northeast
  2. Midwest
  3. South
  4. West

1. MSA – metropolitan or not

# Detailed drug information

1. DRUGID1 – drug ID
2. PRESCR1 – prescription status code
   1. Prescription, non prescription
   2. Illicit (vestigial property)
   3. Both prescription and OTC
3. CONTSUB1 – controlled sub status code (1,2,3,4,5,no control, multiple…)
4. COMSTAT1 – composition status code – single or combo drug
5. RX1CAT1 – Multum drug category #1. Reflects the most detailed therapeutic level to which the drug can be calssified. In some cases, level 1 (broadest) is most detailed, others can be coded to level 2. Majority can be coded to level 3.
6. RX1CAT2
7. RX1CAT3
8. RX1CAT4
9. RX1V1C1 – level 1 of multum drug category 1
10. RX1V1C2
11. RX1V1C3
12. RX1V1C4
13. RX2V1C1
14. RX2V1C2
15. RX2V1C3
16. RX2V1C4
17. RX3V1C1
18. RX3V1C2
19. RX3V1C3
20. RX3V1C4

|  |  |  |
| --- | --- | --- |
| Drug # | Start idx | Stop idx |
| 2 | 320 | 339 |
| 3 | 340 | 359 |
| 4 | 360 | 379 |
| 5 | 380 | 399 |
| 6 | 400 | 419 |
| 7 | 420 | 439 |
| 8 | 440 | 459 |
| 9 | 460 | 479 |
| 10 | 480 | 499 |
| 11 | 500 | 519 |
| 12 | 520 | 539 |
| 13 | 540 | 559 |
| 14 | 560 | 579 |
| 15 | 580 | 599 |
| 16 | 600 | 619 |
| 17 | 620 | 639 |
| 18 | 640 | 659 |
| 19 | 660 | 679 |
| 20 | 680 | 699 |
| 21 | 700 | 719 |
| 22 | 720 | 739 |
| 23 | 740 | 759 |
| 24 | 760 | 779 |
| 25 | 780 | 799 |
| 26 | 800 | 819 |
| 27 | 820 | 839 |
| 28 | 840 | 859 |
| 29 | 860 | 879 |
| 30 | 880 | 899 |

# Survey details and weights

1. SETTYPE – office, ED, outpt (all ED for this data subset)
2. YEAR – survey year – all 2019
3. CSTRATM – masked clustered PSU stratum marker ?!
4. CPSUM – clustered PSU marker (masked)

## PATWT – patient weight for visit, allows national and regional estmiates.

## EDWT – enables data users to make ED level estimates

## BOARDED – length of time boarded in the ED in minutes